



WATER TEST KIT ORDER

State Form 46270 (R2/10-99)

Approved by State Board of Accounts 1999

FOR ISDH USE ONLY

Date Received _____

Receipt No. _____

Shipping No. _____

Name _____

Phone () _____

Address _____

PWS ID No. _____

City _____, IN _____ - _____ (9 Digit Zip)

The fees for bacteriological testing and chemical testing of drinking water (sodium/fluoride/nitrate/total nitrate-nitrite) for private organizations is \$8.00 per sample. Please DO NOT enclose a sample with this form.

Are you a state, city or county owned facility? ☐ Yes ☐ No

Please indicate the number of test kits you need next to your facility type and under your sample type so that the correct forms will be enclosed with your test kit.

DRINKING WATER IDEM MONITORING	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Municipal Water Supply (No Fee)					
Business (\$8.00)					
Mobile Home Park (\$8.00)					
School (No Fee)					
Other (\$8.00)					

ISDH/WELFARE MONITORING	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Foster Home (\$8.00)					
Dairy (\$8.00*)					
Bottled Water/Ice Processor (\$8.00*)					
Food/Frozen Food Processor (\$8.00*)					
Swimming Pool-Pool Water (No Fee)					
Bathing Beach-Lake Water (No Fee)					
State Facility/Health Official (No Fee)					

*Charge applies when submitted by the business.

UNREGULATED/ UNMONITORED	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Private Individual/Business					
Realtor/Inspection Company					

Total paid sample test kits required _____ X \$8.00 per kit = \$ _____ enclosed.

Total non-paid sample kits requested _____

Please make check or money orders (no cash or purchase orders please) payable to Indiana State Department of Health and mail to:

Indiana State Department of Health
Attention: Cashiers Office
2 North Meridian St.
Indianapolis, IN 46204